

## REMARKS

Careful consideration has been given to the Official Action of February 9, 2006, and reconsideration of the application as amended is respectfully requested.

The Examiner has requested that updated status be provided of all related applications. To the best of Applicant's knowledge, there are no related applications (continuations, divisions, CIP etc.). Hence, no updating appears necessary.

Claims 1-17 have been withdrawn as drawn to a non-elected invention. These claims have been cancelled without prejudice and Applicant reserves the right to file one or more divisional applications thereto.

Claims 18-24 remain for consideration.

The Examiner has rejected claims 18 and 22-24 under 35 U.S.C. 102 as being anticipated by Walsh et al. (hereafter "Walsh").

Claims 19-21 are rejected under 35 U.S.C. 103 as being unpatentable over Walsh in view of Spillman, Jr. et al. (hereafter "Spillman").

Claim 18 has been amended and claims 25-29 have been added. Accordingly, the claims now present in the application are claims 18-29. Newly added claims 25-29 are

included within the elected invention and hence are entitled to examination herein.

At the outset, it should be noted that the present invention distinguishes from Walsh and the other cited references in that a construction is provided to achieve a particular purpose which is not contemplated in the cited art. Namely, the present invention seeks to position a stent in proximity to an ostium of a pulmonary vein and the stent is operated to radiate electromagnetic energy to the tissue of the inner wall of the pulmonary vein to ablate target tissue of the pulmonary vein. In contrast to Walsh which seeks to ablate tissue material adherent to the stent to prevent blockage of the vessel (artery) the oblation of the tissue according to the invention produces lesions which block electrical conductivity in the tissue. This serves the purpose of preventing transmission of electrical signals to the chamber of the heart which produce arrhythmia (see paragraph [0054]). It is thus respectfully submitted that there is a fundamental distinction between the purpose of the stent of the present invention as compared to that of Walsh and the other cited art. As a consequence, in order to achieve this different purpose, the construction of the claimed system is uniquely adapted for this purpose and is patentably distinctive from the Walsh patent taken alone or with Spillman.

It is recognized that both Walsh and the present invention rely upon resonant frequency to achieve ablation of tissue material. However, this similarity alone does not result in an anticipation of the claimed system of the present invention. It is also recognized that both Walsh and the present invention employ a stent and a catheter to carry the stent to the operative region of interest.

However, the stent with its resonant frequency generator of the invention is constructed and dimensioned for introduction into an operative position in a pulmonary vein of the subject proximate an ostium of said pulmonary vein. Walsh fails to show any such construction and in fact discloses insertion of a stent within an arterial vessel. There is no mention whatsoever of dimensioning and arranging the stent to be insertable into the pulmonary vein in proximity to the ostium of the pulmonary vein. This is not merely a matter of intended use but is a structural feature which defines the stent in terms of its being constructed and arranged to enter the pulmonary vein and be disposed at the ostium of the pulmonary vein. Additionally, in order to place the stent at the specific location in proximity to the ostium of the pulmonary vein a sensory system is provided to so position and orient the stent. This ensures that when the target tissue of the pulmonary vein has been ablated, electrical conductivity through the tissue will be blocked and thereby provide electrical isolation to prevent electrical signals causing arrhythmia to enter the heart chamber.

To achieve such ablation and blockage of electrical conductivity, the stent of the invention is formed in a particular way and, as seen in Fig. 3, the stent is in the form of a ring which is disposed in a plane radial to the axis of the pulmonary vein. This is clearly distinguished from the solenoidal shape of the stent of Walsh. Furthermore, again as seen in Fig. 3 of the application, the stent comprises a capacitor core and an inductor coil wound around the capacitor core. This is entirely distinguished from the inductor coil which is wound in the form of a cylinder and has capacitor elements to its ends. Furthermore, the capacitor core has a slit as seen in Fig. 3 to form a split ring which will provide elasticity for the start.

Spillman, which has been cited for disclosing remotely interrogating an implant and is applied to claims 19-21, does not in any way satisfy the deficiencies which have been set forth above in respect of Walsh. Furthermore, it is not seen how Spillman can be applied with Walsh to achieve electroconductive blockage in the tissue of a pulmonary vein as disclosed and claimed. Accordingly, Spillman does not add any teaching by which Walsh can be modified to meet the invention now claimed as expressed above.

The specification has been amended to provide specific antecedent support for the language now present in the claims and this is fully supported by the original disclosure and the drawings. Hence, it is respectfully submitted that no new matter has been added.

In view of the above action and comments, it is respectfully submitted that the claims are now all in condition for allowance and favorable reconsideration is earnestly solicited.

Respectfully submitted,



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